OR

ADD'L FEE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unle PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								ess it displays a valid OMB control number Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
	SIC FEE CFR 1.16(a))						\$	OR		\$
	CAL CLAIMS CFR 1.16(c))		minus 20	0 = .		X \$ =		OR	x \$ =	
IND	EPENDENT CLAI CFR 1.16(b))	MS ·	minus 3 =					1		
		ENT CLAIM PRESE						OR	× \$=	
MUL	TIPLE DEPENDE	INT CLAIM PRESE	NI (37 CFR 1.16(d))	_ + \$ =		OR	+ \$=	· · ·	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	С	LAIMS AS AM	IENDED	– PART II						
	(Column 1) (Column 2) (Column 3)				SMALL (ENTITY	OR		R THAN ENTITY	
AMENDMENT A	9-16-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MC	Total (37 CFR 1.16(c))	25	Minus	37	=	x \$=		OR	× \$=	
EN	Independent (37 CFR 1.16(b))	5	Minus	" 5	=	x \$=		OR	x \$ =	
AM	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))	+ \$ =		OR	+s =	
						TOTAL		i	TOTAL	
						ADD'L FEE		OR,	ADD'L FEE	<u> </u>
_	,	(Column 1) CLAIMS	1	(Column 2) HIGHEST	(Column 3)		T	1		
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	. PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total (37 CFR 1.16(c))	•	Minus	**	=	× \$ =		OR	x s =	
AMENDMEN	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$ =		OR	x \$ =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+\$ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					•
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ă	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	× \$ =	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	× \$=		OR	× \$=	
A	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	+ \$=		OR	+ \$=	
						TOTAL			TOTAL	

ADD'L FEE

<sup>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</sup>